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|--|------------------------------------|--|--|---|----------|--|------------|
| SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30</i> | | | | 1. REQUISITION NUMBER M20233-04-SU-MM020 | | PAGE 1 OF 4 | |
| 2. CONTRACT NO. | | 3. AWARD/EFFECTIVE DATE | | 4. ORDER NUMBER | | 5. SOLICITATION NUMBER M67400-04-T-0463 | |
| 7. FOR SOLICITATION INFORMATION CALL: | | a. NAME MS. KEIKO TAKETOMI | | | | b. TELEPHONE NUMBER (No Collect Calls) 011816140458619 | |
| 9. ISSUED BY MARINE CORPS REGIONAL CONTRACTING OFFICE MARINE CORPS BASE PSC 557 BOX 2000 CA FPO AP CA 96379-2000 TEL: 011816117457495 FAX: 011816117450963 | | CODE M67400 | | 10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET ASIDE: % FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> 8(A) NAICS: SIZE STANDARD: | | 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE <input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) 13b. RATING 14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP | |
| 15. DELIVER TO SEE SCHEDULE | | CODE | | 16. ADMINISTERED BY CODE | | | |
| 17a. CONTRACTOR/ OFFEROR TEL. FACILITY CODE | | CODE | | 18a. PAYMENT WILL BE MADE BY CODE | | | |
| <input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER | | <input type="checkbox"/> 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a. UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM | | | | | |
| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/ SERVICES | | | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
| | SEE SCHEDULE | | | | | | |
| 25. ACCOUNTING AND APPROPRIATION DATA | | | | | | 26. TOTAL AWARD AMOUNT (For Govt. Use Only) | |
| <input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3, 52.212-5 ARE ATTACHED. | | | | | | ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED | |
| <input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. | | | | | | ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED | |
| 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u>0</u> COPIES <input type="checkbox"/> TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN. | | | | 29. AWARD OF CONTRACT: REFERENCE <input type="checkbox"/> OFFER DATED . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS: | | | |
| 30a. SIGNATURE OF OFFEROR/CONTRACTOR | | | | 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) | | 31c. DATE SIGNED | |
| 30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT) | | 30c. DATE SIGNED | | 31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT) TEL: EMAIL: | | | |

| SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS (CONTINUED) | | | | | | | PAGE 2 OF 4 |
|---|------------------------------------|------------------------|--|---------------------------------|---|---|-------------|
| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/ SERVICES | | | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
| | SEE SCHEDULE | | | | | | |
| 32a. QUANTITY IN COLUMN 21 HAS BEEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> INSPECTED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____ | | | | | | | |
| 32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | 32c. DATE | 32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | |
| 32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | 32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | |
| | | | | | 32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | |
| 33. SHIP NUMBER | | 34. VOUCHER NUMBER | | 35. AMOUNT VERIFIED CORRECT FOR | | 36. PAYMENT | |
| <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | | | | | <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | |
| 38. S/R ACCOUNT NUMBER | | 39. S/R VOUCHER NUMBER | | 40. PAID BY | | | |
| 41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | | | | 42a. RECEIVED BY (Print) | | | |
| | | | | 41c. DATE | | | |
| | | | | 42b. RECEIVED AT (Location) | | | |
| | | | | 42c. DATE REC'D (YY/MM/DD) | | 42d. TOTAL CONTAINERS | |

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION IS NOT USABLE

STANDARD FORM 1449 (REV 4/2002) BACK
Prescribed by GSA
FAR (48 CFR) 53.212

Section SF 1449 - CONTINUATION SHEET

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|--|----------|------|------------|--------|
| 0001 | DOORS FFP Item Description: MASTER KEY SYSTEM, (7) EA. SINGLE ALUMINUM, WOOD CORE, 1-3/4" DOOR THK. , 1.5MM PANEL, W/ DOOR FRAMES , SST. THRESHOLD, DOOR CLOSER, (3) EA SST. HINGES,UNION PANIC HANDLE PH777-20S. DOOR OPENING SIZE:40"W X 85"H RIGHT HAND OPEN (4) EA. LEFT HAND OPEN (3) EA. (2) EA. UNION PANIC HANDLE PH777-20S-R (3) EA. MASTER KEY FOR GOAL CYLINDER . AT BLDG.801, CAMP KINSER NOTE: 1. (7) EA NEW DOORS & FRAME WITH PANIC HANDLE AND (2) EA PANIC HANDLES TO BE OPEN MASTER KEY. NSN Number: 567001V244419 MILSTRIP: M2023304SUMM020 PURCHASE REQUEST NUMBER: M20233-04-SU-MM020 | 1 | Set | | |

 NET AMT

FOB: Destination

INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

| CLIN | INSPECT AT | INSPECT BY | ACCEPT AT | ACCEPT BY |
|------|------------|------------|-----------|-----------|
| 0001 | N/A | N/A | N/A | N/A |

DELIVERY INFORMATION

| CLIN | DELIVERY DATE | QUANTITY | SHIP TO ADDRESS | UIC |
|------|---------------|----------|-----------------|-----|
| 0001 | N/A | N/A | N/A | N/A |

CLAUSES INCORPORATED BY FULL TEXT

Proposed Delivery is_____ days after receipt of order.

F.O.B. Point is:_____

Prompt payment discount terms:_____

Quoted by: Name:_____ Title:_____

Exemption from Japanese Consumption Tax (Feb 1989)

The Governments of the United States and Japan have agreed that this contract will be exempt from the new Consumption Tax, which took effect on 1 April 1989. In accordance with paragraph c. of the clause FAR 52.229-6, “TAXES – FOREIGN FIXED PRICE CONTRACTS” your offered contract price shall not include the Consumption Tax. By submission of your proposal, you are certifying that your price does not contain any cost related to the Consumption Tax. Questions concerning the applicability of the tax should be directed to your local Japanese Tax Office.